



Service Contact Information Sheet

Please type or print clearly- Complete a form for each person or business to be served. Our detectives work daytime, weekday hours.

Service to an **INDIVIDUAL**

Name: _____

Primary Service Address

Address Type: ☐ Home ☐ Work

Cell#: _____

Work #/Home# (please circle)

Email: _____

Alternate Service Address

Address Type: ☐ Home ☐ Work

Service to a **BUSINESS**

Name of Company: _____

Name and title of Person to be served: _____

Name of Registered Agent (if a corporation): _____

Address: _____

Phone #: _____

Date of Birth: _____ Physical Description: _____

Possible hazards: ☐ guns ☐ knives ☐ dogs ☐ substance abuse ☐ mental illness

Additional Information to assist us with service:

Proof of Service should be addressed to (YOUR information)

Name _____

Cell# _____

Address _____

Work# _____

City/State/Zip _____

Email _____

This information is available in alternative formats upon request TDD relay 1-800-833-6388